MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05073

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Garrett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
LENGTH OF STAY (in this place): About 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Evans Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: West Virginia — COUNTY: Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Horse shoe Run,

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Casper (Last) Blamble

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 24 1869

9. AGE last birthday: 84 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Casper Blamble

14. MOTHER'S MAIDEN NAME: Sophia Ridder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Anna Blamble, Horseshoe Run, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Decompensated heart trouble — Interval Between Onset and Death: 3-4 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic cardio-

(c) vascular disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1953 to May 25, 1953, that I last saw the deceased alive on May 25, 1953 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas D. Tichy M.D. — ADDRESS: Oakland Md. — DATE SIGNED: 8 June 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: May 28, 1953 — NAME OF CEMETERY OR CREMATORY: Aurora Cemetery — LOCATION (City, town, or county) (State): Aurora, West Virginia.

DATE REC'D BY LOCAL REG.: May 28/53 — REGISTRAR'S SIGNATURE: Julia A. Rowan L.R.

24. FUNERAL DIRECTOR: Wayne C. Spiggle — ADDRESS: Davis. W.Va.

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JUN 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05074

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT CO., MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~MD~~ WEST VIRGINIA COUNTY Garrett PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TERRA ALTA
STREET ADDRESS (If rural, give location) ROUTE # 1

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) KATHERINE (Last) BOYER
4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	7-8-1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME FRIEND, THOMAS
14. MOTHER'S MAIDEN NAME TEETS, MARTHA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS A. F. Collins Terra Alta W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic cardiovascular disease	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Enteritis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1950, to May 29, 1953, that I last saw the deceased alive on 28 May, 1953, and that death occurred at 2:25 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John B. Harley	M. D.	Terra Alta, W.Va.	30 May 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-31-53	Lake Park Md.	Lake Park Garrett Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/31/53	Julia L Rowan LR	A. F. Collins	

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JUN 9 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05075

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA COUNTY PRESTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TERRA ALTA X 45
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) S. (Last) FORD

4. DATE OF DEATH: (Month) 5 (Day) 9 (Year) 1953

5. SEX: WHITE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 5-4-1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 0 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: FORD, LEWIS

14. MOTHER'S MAIDEN NAME: PARKS, MARY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MR. NELSON BUCKLEW, OAKLAND, MD. (NEPHEW)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Phlegmonous Enterocolitis — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Lobar Pneumonia with — 2 weeks

DUE TO

(163X) (c) Atelectasis of left lower lobe of lung (? of Bronchial Carcinoma)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 23, 1953, to May 9, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 6:20 A. M., from the causes and on the date stated above.

SIGNATURE Chas E. Smith (Degree or title) M. D. ADDRESS Terra Alta, W.Va. DATE SIGNED May 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial

DATE THEREOF May 11 1953

NAME OF CEMETERY OR CREMATORY Pine Grove

LOCATION (City, town, or county) (State) R F D # 3 Terra Alta, West Virginia

DATE REC'D BY LOCAL REGISTRAR 5/10/1953

REGISTRAR'S SIGNATURE Julia A. Jowan L.R.

24. FUNERAL DIRECTOR [signature]

ADDRESS

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MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05076

CERTIFICATE OF DEATH

Reg. Dist. No. 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — Selbysport — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Selbysport Md Rural
LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Selbysport m Md. Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard	Albert	Frazee	5/28/1953 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	10/3/1873	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Lawyer	Lawyer	Selbysport, Md.	U.S.A

13. FATHER'S NAME: Hamilton Frazee,

14. MOTHER'S MAIDEN NAME: Mary Susan White.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	220-10-1936A	Miss Agnes Frazee, Selbysport, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

610X

Immediate cause (a) Chr. Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) " Nephritis - Ascities

(c) Hypertrophy of Prostrate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1951, 19..... to 5/28/53 19....., that I last saw the deceased alive on 5/27/53 19....., and that death occurred at 2 40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. B. Messmore M.D.		Addison-Pa	5/29/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/31/1953	Addison Cemetery	Addison, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 30, 1953	Kathryn Fike	Emroy D. Bolden,	Oakland, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05077

CERTIFICATE OF DEATH

Reg. Dist. No. 8 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Garrett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
LENGTH OF STAY in this place: 79yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural Route

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing
STREET ADDRESS (If rural, give location): Rural Route

3. NAME OF DECEASED (Type or Print): (First) Simeon (Middle) Alonza (Last) Green

4. DATE OF DEATH: (Month) May, (Day) 16. (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 13, 1873

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farme Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Simeon W Green

14. MOTHER'S MAIDEN NAME: Eliza Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. David Weir

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
433.2 Immediate cause	(a) Pulmonary Edema	7 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Functional Diseases of the heart	2 Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1953, to May 16, 1953, that I last saw the deceased alive on May 9, 1953, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: Paul R Wilson — (Degree or title): M.D. — ADDRESS: Piedmont W.Va. — DATE SIGNED: May 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 19.1953 — NAME OF CEMETERY OR CREMATORY: Greens Cemetery — LOCATION (City, town, or county) (State): (Near) Lonaconing, Md.

DATE REC'D BY LOCAL REG.: 5-19-53 — REGISTRAR'S SIGNATURE: Jeanette M Broad

21. FUNERAL DIRECTOR: George Eichhorn — ADDRESS: Lonaconing, Md.

Ethel Broadwater

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) EMMA (Middle) VIOLET (Last) HAMMETT (Type or Print)

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 5, 1[illegible]

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Accident, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sylvanus Schlossnagel

14. MOTHER'S MAIDEN NAME: Caroline Kaese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Walter Hammetting, Acci[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

171 X
Immediate cause (a) Carcinoma Uterine Cervix — Interval Between Onset and Death: 18 months

DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29, 1953, to May 8, 1953, that I last saw the deceased alive on May 7, 1953, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Milton Jeffer, M.D. Frendsville, Maryland May 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE THEREOF: 5/12/53 — NAME OF CEMETERY OR CREMATORY: St Paul's Lutheran — LOCATION (City, town, or county) (State): Accident, Md.

DATE REC'D BY LOCAL REG. May 9/53 — REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm Winterberg — ADDRESS: [illegible]

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05077 767

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-53

1. PLACE OF DEATH:
COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland
LENGTH OF STAY (in this place): Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cuppett Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
STREET ADDRESS (If rural, give location): 8th Street.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Etta Cogley (Last) Miller

4. DATE OF DEATH: (Month) (Day) (Year) 5/8/1953, 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10/28/1872

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oakland, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph W. Cogley

14. MOTHER'S MAIDEN NAME: Rebecca Layman.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Joseph R. Cogley, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
422.1
Immediate cause (a) Decompensated Heart — Interval Between Onset and Death: about 3 weeks
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic cardio-vascular disease — years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Severe edema

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Oct, 1948, to 8 May, 1953, that I last saw the deceased alive on 8 May, 1953, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Thomas J Lusby M.D. Oakland, Md. 9 May 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 5/10/1953
NAME OF CEMETERY OR CREMATORY: Oakland, Cemetery
LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 5/9/53
REGISTRAR'S SIGNATURE: Julia A. Rowan LR
24. FUNERAL DIRECTOR: Emroy D. Baldey
ADDRESS: Oakland, Md

MAY 20 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 059806

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH:
COUNTY Garrett Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural
LENGTH OF STAY (in this place) 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Niner

4. DATE OF DEATH: (Month) (Day) (Year) 5/9/1953 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1/28/1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Laber
14. MOTHER'S MAIDEN NAME: Margaret Glothart.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Lillian Mersing, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Urinary Bladder — INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1952, to May 8, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M D ADDRESS Oakland Md DATE SIGNED 5/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/12/1953
NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 5/11/1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Murray D. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
MAY 20 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

1. PLACE OF DEATH — COUNTY: [illegible] — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville
LENGTH OF STAY (in this place): ~~Left~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pa — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Springs, Pa
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) [illegible] (Middle) Conrod (Last) Oster
4. DATE OF DEATH (Month) May (Day) 3 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Singel
8. DATE OF BIRTH: 9-25-1934
9. AGE last birthday: 18 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendent
10b. KIND OF BUSINESS OR INDUSTRY: Service Station
11. BIRTHPLACE (State or foreign country): Springs, Somerset Co., Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lewis Oster
14. MOTHER'S MAIDEN NAME: Ruth Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 206-[illegible]-6385
17. INFORMANT AND ADDRESS: Lewis Oster, Springs [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

85/X Immediate cause (a) Fracture 5th Cervical vertebra with damage to cord — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Traumatic Shock

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg. etc.) OF INJURY: U.S. Route 40 near Grantsville (CITY OR TOWN) Garrett (COUNTY) Md (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): 5/3/53 3:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Thrown from motor cycle.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: E. D. Bannister (Degree or title) M.D. — ADDRESS: Oakland Md — DATE SIGNED: 5/3/53

[illegible] CREMATION REMOVAL (Specify): Burial — DATE THEREOF: [illegible] — NAME OF CEMETERY OR CREMATORY: Springs Cemetary — LOCATION (City, town, or county) (State): Springs Somerset Co. Pa

DATE REC'D BY LOCAL REG.: 5/4/1953 — REGISTRAR'S SIGNATURE: Ethel Broadwater — 24. FUNERAL DIRECTOR: Wm Winterberg — ADDRESS: Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 6
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

35082

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY GARRETT; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL- SHAW; LENGTH OF STAY (in this place) 52yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1Mile N.West

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY GARRETT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Shaw; STREET ADDRESS (If rural, give location) 1 Mile N. West

3. NAME OF DECEASED (Type or Print): (First) DAVID (Middle) MOON (Last) PAUGH

4. DATE OF DEATH: (Month) MAY (Day) 29, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: May 19,1902

9. AGE Last birthday: 51 yrs. If under 1 year: Months; If under 1 day: Days 10; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Mt.Zion,Garrett Co.,Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lewis Francis Paugh

14. MOTHER'S MAIDEN NAME: Ada Charlotta Biggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 236-12-1714

17. INFORMANT AND ADDRESS: Piercie Paugh, Shaw, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis and Myocardial degeneration.	3yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Arterio Sclerosis.	4yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — 4yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951 to May 29, 1953 that I last saw the deceased alive on May 28, 1953, and that death occurred at 11A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Piedmont W Va. June 1st 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 31, 1953

NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery

LOCATION (City, town, or county) (State): Mt.Zion, Garrett Co., Md.

DATE REC'D BY LOCAL REG.: June 1-53

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Otha F. Sharpless, Blaine, W.Va.

VS-45

RECEIVED
JUN
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05983

CERTIFICATE OF DEATH

Reg. Dist. No. 172

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Garrett — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
LENGTH OF STAY (in this place) 80yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS Union Street (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Berkley (Last) Pew

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 1, 1873

9. AGE last birthday: 80 yrs. If under 1 year: Months — Days 28 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Collector

10b. KIND OF BUSINESS OR INDUSTRY: Utilities

11. BIRTHPLACE (State or foreign country): Kitzmiller, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Winfield Scott Pew

14. MOTHER'S MAIDEN NAME: Susan Kitzmiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Edith R. Pew, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442A

Immediate cause (a) Acute Myocardial Insufficiency — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carbo-Vascular renal Disease with — 4 yrs

(c) Generalized edema

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to May 29, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 11:35P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ralph Culbertson MD — Kitzmiller, Md — May 31 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 1, 1953 — NAME OF CEMETERY OR CREMATORY: I.O.F. Cemetery — LOCATION (City, town, or county) (State): Elk Garden, W.Va.

DATE REC'D BY LOCAL REG.: June 1 53 — REGISTRAR'S SIGNATURE: A W Garrick

24. FUNERAL DIRECTOR — ADDRESS: Otha F. Sharpless, Blaine, W.Va.

VS-A5

RECEIVED
JUN 3
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 25084

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 9 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MASONTOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) HOYER (Last) RIGGLEMAN

4. DATE OF DEATH: (Month) MAY (Day) 4 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 3, 1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MINER

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: RIGGLEMAN, JOSEPH

14. MOTHER'S MAIDEN NAME: JORDAN, ADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. #1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. ELLA D. RIGGLEMAN, MASONTOWN, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X Immediate cause (a) Cerebral Hemmorrhage DUE TO — Interval Between Onset And Death: 1 WK

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atheromatosis - Hypertension DUE TO — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 25, 1953, to May 4, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 7:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Geo. E. Lemut M.D. ADDRESS Terra Alta W Va DATE SIGNED May 6/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5/7/1953 NAME OF CEMETERY OR CREMATORY Jordan Cemetery LOCATION (City, town, or county) Masontown, W Va. (State)

DATE REC'D BY LOCAL REGISTRAR 5/4/53 REGISTRAR'S SIGNATURE Julia Rowson 24. FUNERAL DIRECTOR Morgan-Jenkins & Martin ADDRESS Reedsville

Herbert E. Leighton - Oakland, Md. W. Va.

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If the correct age is not known, write the causes of death clearly and legibly. Physicians: please write specially important.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible], MARYLAND — LENGTH OF STAY (in this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ALLBRIGHT
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) RODEHEAVER
4. DATE OF DEATH: (Month) MAY (Day) 29 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	5/29/53	yrs.			5	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
		GARRETT, MARYLAND	U.S.

13. FATHER'S NAME: RODEHEAVER, JOE
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		JOE RODEHEAVER, ALLBRIGHT, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.5

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to 29, 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/29/53	Pownell Cemetery	Albright, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/29/53	[illegible]	Emory D. Bolden	Oakland, Md.

RECEIVED
JUN 10 1953
BUREAU OF

05086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: West Virginia — COUNTY: Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland — LENGTH OF STAY (in this place): 2 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Terra Alta
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Third Street	STREET ADDRESS (If rural, give location): -----

3. NAME OF DECEASED (Type or Print) (First) Priscilla (Middle) Malissa (Last) Wotring Roth				4. DATE OF DEATH (Month) May (Day) 29, (Year) 1953	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 12/17/1862	9. AGE last birthday: 90 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Henry G. Wotring		14. MOTHER'S MAIDEN NAME: Susan M. Lantz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: -----	17. INFORMANT AND ADDRESS: Earl F. Roth Oakland, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

433.1 Immediate cause (a) Acute Pulmonary Oedema — 30 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart failure result of Ventricular — Same

(c) Fibrillation, Rheumatic Heart Disease — many years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardio Renal Vascular Disease due to Senility & Rheumatoid Arthritis — Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 2, 1953, to May 29, 1953, that I last saw the deceased alive on May 29, 1953 and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Chas. E. Smith M.D.	Terra Alta WVa	5/30/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 6/1/1953	NAME OF CEMETERY OR CREMATORY: Carmel Cemetery	LOCATION (City, town, or county) (State): Aurora, W. Va.
DATE REC'D BY LOCAL REG.: 5/31/53	REGISTRAR'S SIGNATURE: Julia L. Rowan Local	24. FUNERAL DIRECTOR: Herbert C. Leighton	ADDRESS: Oakland, Md.

VS. A-5

RECEIVED
JUN 10 1953
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 48 MINUTES
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GORMANIA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) SCHROCK
4. DATE OF DEATH (Month) MAY (Day) 12 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH MAY 12, 1953
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 48

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME SCHROCK, GERALD WILLIAM
14. MOTHER'S MAIDEN NAME SITES, VIOLA MAE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MRS. GRACE SCHROCK, GORMANIA W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7544

Immediate cause (a) Multiple Congenital Anomalies c̄ Probable Cong. Heart.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral Cong. dislocation of Hips

(c)

INTERVAL BETWEEN ONSET AND DEATH: 48 mins

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12, 1953, to 5-12, 1953, that I last saw the deceased alive on 5-12, 1953, and that death occurred at 4:18 A.m., from the causes and on the date stated above.

SIGNATURE James H. Teaster (Degree or title) Jr. M.D. ADDRESS Oakland, Md. DATE SIGNED 5-12-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/13/1953
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) near Gorman, Md.

DATE REC'D BY LOCAL REG. 5/13/53
REGISTRAR'S SIGNATURE Julia Rowan
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

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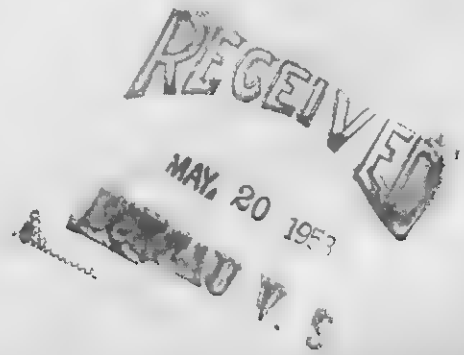
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MAY 20 1953
U. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05088

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY: GARRETT — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): OAKLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: WEST VIRGINIA — COUNTY: PRESTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): AURORA
STREET ADDRESS (If rural give location): ROUTE # 1

3. NAME OF DECEASED: (Type or Print) (First) REBECCA (Middle) ANN (Last) TANNER

4. DATE OF DEATH: (Month) MAY (Day) 4, (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 1/23/1875
9. AGE last birthday: 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: SHAHAN, ALEXANDER JUNIOR
14. MOTHER'S MAIDEN NAME: SHAW, SARAH MALISSA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lester E. Stemple, Aurora, W. Va. (grandson)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Pulmonary edema — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension art. sd. c. v. d. — 20 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 April, 1953, to 12:30 PM, 1953, that I last saw the deceased alive on 3 May, 1953, and that death occurred at 8:13 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): John B. Harley, M.D. — ADDRESS: Terra Alta W.Va. — DATE SIGNED: 4 May 53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial — DATE THEREOF: May 6 1953 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county): RFD #3 Terra Alta (State) W.Va.

DATE REC'D BY LOCAL REGISTRAR: 5/5/1953 — REGISTRAR'S SIGNATURE: Julia A. Rowan — 24. FUNERAL DIRECTOR: P. Watson, Terra Alta, W.Va. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID

RECEIVED
MAY 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95089

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 2 HR. 40 MIN.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY [illegible] HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA COUNTY PRE[illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KINGWOOD
STREET ADDRESS (If rural give location) ROUTE #1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) THOMAS
4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: MAY 19, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min. 40

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OAKLAND MARYLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: THOMAS, ALVY DAVID
14. MOTHER'S MAIDEN NAME: GLOTFELTY, LILLIAN ELIZABETH

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MR. ALVY D. THOMAS, R#1, KINGWOOD W. VA.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature separation of placenta — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 May, 1953, to ....., 19...., that I last saw the deceased alive on 19 May, 1953, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

SIGNATURE John B. Harley, M.D. (Degree or title) ADDRESS Tuscaloosa DATE SIGNED 19 May 53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 5/19/1953
NAME OF CEMETERY OR CREMATORY Sisler Cemetery, Mountain Dale, Kingwood, W. Va.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 5/19/53
REGISTRAR'S SIGNATURE Julia A. Rowan L.R.

24. FUNERAL DIRECTOR Harold Browning ADDRESS Kingwood, W. Va.
Herbert C. Leighton Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 9 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park — LENGTH OF STAY (in this place) 6 Mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS Loch Lynn Heights	STREET ADDRESS (If rural, give location) Loch Lynn Heights

3. NAME OF DECEASED (Type or Print)	(First) Ralph	(Middle) Hamilton	(Last) Weeks Jr.	4. DATE OF DEATH	(Month) May (Day) 19 (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 12/24/1944	9. AGE last birthday 8 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Ralph H. Weeks Sr.			14. MOTHER'S MAIDEN NAME Clara Liller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. ----		17. INFORMANT AND ADDRESS Ralph H. Weeks Sr. Mt. Lake Park, Md		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9:05 Immediate cause (a) Depressed fracture left occipital portion of skull — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) and

(c) Crushing Injury to left chest.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road at — (CITY OR TOWN) Loch Lynn Heights (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) May 19-53 6:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Thrown off pony

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident, suicide, homicide, undetermined.

SIGNATURE E. P. Baumgartner (Degree or title) M.D. — ADDRESS Oakland Md — DATE SIGNED 5/20/53

23. DISPOSITION (Specify) Burial	DATE THEREOF 5/22/1953	NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.	LOCATION (City, town, or county) (State) near Mt. Lake Park, Md.
DATE REC'D BY LOCAL REG. 5/22/1953	REGISTRAR'S SIGNATURE Julia R. Rowan	24. FUNERAL DIRECTOR Herbert C. Leighton	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 10 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05091

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-53

1. PLACE OF DEATH:

COUNTY Garrett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville — LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) EARL (Last) ELDER

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 13, 1898	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver own truck

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rural McHenry, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Weimer

14. MOTHER'S MAIDEN NAME: Susan Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-03-7461

17. INFORMANT & ADDRESS: Mrs. Emma Weimer, Rural Grantsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

203 X

Immediate cause (a) Multiple Myeloma — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2 year

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ —

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to May 20, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE C. W. Stotler (DEGREE OR TITLE) MD ADDRESS Mayersdale Pa. DATE SIGNED 5/20/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/25/53	Grantsville	Grantsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 22-53	Ethel Broadwater	Miss Winterberg	Grantsville,

MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05092

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett Crellin, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin, Maryland
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin. Maryland.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Millison (Last) Taylor Welch.

4. DATE OF DEATH: (Month) 5 (Day) /2/ (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 7/5/1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Emoryville, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Welch.

14. MOTHER'S MAIDEN NAME: Hester A. Jenkins.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 217-03-8442

17. INFORMANT & ADDRESS: Herman J. Welch, Crellin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.0 **Immediate cause**	(a) Cardiac Failure	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Auricular Dilatation	6 mos.
	DUE TO (c) Sclerotic Heart disease	yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-47, 1952, to 5-6, 1953, that I last saw the deceased alive on 5-6, 1953, and that death occurred at 3 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Sam H. Jenkins, M.D. Oakland, Md 5-6-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/4/1953	Gortner Cemetery	Gortner, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/4/1953	Julia L. Rowan L.R.	Murray D. Bolden	Oakland, Md.

VS. A15 8-53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 18 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05093

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

1. PLACE OF DEATH:

COUNTY Garrett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville, Md.

LENGTH OF STAY (In this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville, Md.

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) ULYSSES (Middle) GRANT (Last) WILEY

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 22, 1867

9. AGE last birthday: 85 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired State Employee-Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Garrett Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James P Wiley

14. MOTHER'S MAIDEN NAME: Barbara Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Mary McKenzie, Grantsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
422.2 Immediate cause	(a)	Acute gastro-enteritis	3 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Chronic myocarditis	8 years
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 19 52, to May 8, 19 53, that I last saw the deceased alive on May 8, 19 53, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE B H Hoke Jr (DEGREE OR TITLE) B H HOKE JR M D ADDRESS SALISBURY PENNA DATE SIGNED May 9, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5/11/53

NAME OF CEMETERY OR CREMATORY: Grantsville, Md.

LOCATION (City, town, or county) (State): Grantsville, Md.

DATE REC'D BY LOCAL REG.: May 9/53

REGISTRAR'S SIGNATURE: Esther Broadwater

24. FUNERAL DIRECTOR: Wm Winterberg ADDRESS: Grantsville, Md.

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MAY 12 1953
BUREAU V. S.